



CONTRIBUTION FORM

HOW TO USE THIS FORM:

Sponsor: Please complete sponsor information and amount and mail the contribution slip with your sponsorship payment of a check or credit card number to the following address. Please make checks payable to the International Association of Flight Paramedics.

Mailing Address: 4835 Riveredge Cove
Snellville, GA 30039

For Sponsor Records—Thank you for your support!

Organization Name: International Association of Flight Paramedics

Sponsorship Amount: \$ _____ **Date:** _____

Payment Type: ___ Check ___ Credit Card

For Sponsor Records

Dear Sponsor: Please cut along the dotted line. The top portion is for your records; send this portion with your payment.

Contribution Slip—Send with payment

Organization Name: _____

Sponsorship Amount: \$ _____ **Date:** _____

Payment Type: ___ Check **Check Number:** _____

___ Credit Card ___ MasterCard ___ Visa

Card Number: _____ - _____ - _____ - _____

Exp: ___/___ **Verification Code:** _____ (3 digits on back of card)

Authorizing Signature: _____

Send With Payment

Note: Please direct any questions to the IAFP National Office at 770-979-6372 or m.newman@flightparamedic.org